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PTO/SB/30 (10-01)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Commissioner for Patents Box RCE Washington, DC 20231	Application Number	09/616283
	Filing Date	July 14, 2000
	First Named Inventor	Timothy T. Goodnow
	Group Art Unit	1645
	Examiner Name	J. Hines
	Attorney Docket No.	VRXB-P01-001

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114	
a. <input type="checkbox"/> Previously submitted	
i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____ (Any unentered amendment(s) referred to above will be entered).	
ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____	
iii. <input type="checkbox"/> Other _____	
b. <input checked="" type="checkbox"/> Enclosed	
i. <input checked="" type="checkbox"/> Amendment/Reply	08/14/2003 JADD01 00000073 09616283
ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	02 FC:2801 375.00 DA
iii. <input type="checkbox"/> Information Disclosure Statement (IDS)	
iv. <input type="checkbox"/> Other _____	
2. Miscellaneous	
a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)	
b. <input type="checkbox"/> Other _____	
3. Fees The RCE fee under 37 CFR 1.17 (e) is required by 37 CFR 1.114 when the RCE is filed.	
a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 18-1945	
i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)	
ii. <input checked="" type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)	
iii. <input type="checkbox"/> Other _____	
b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed	
c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)	

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print/Type)	Margaret E. Jamroz	Registration No. (Attorney/Agent)	54,196
Signature	<i>Margaret E. Jamroz</i>	Date	August 11, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 8/11/03 Signature: *Janine McNamara* (Janine McNamara)



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FEE TRANSMITTAL for FY 2003 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/616283
		Filing Date	July 14, 2000
		First Named Inventor	Timothy T. Goodnow
		Examiner Name	J. Hines
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Group Art Unit	1645	
TOTAL AMOUNT OF PAYMENT	(\$)	840.00	Attorney Docket No. VRXB-P01-001

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input type="checkbox"/> None			
<input checked="" type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number	18-1945		
Deposit Account Name	Ropes & Gray LLP		
The Commissioner is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments		
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	-- =	Extra Claims	Fee from below
Independent Claims	-- =		
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	84	2201	42
1203	280	2203	140
1204	84	2204	42
1205	18	2205	9
SUBTOTAL (2) (\$)		0.00	
*or number previously paid, if greater; For Reissues, see above			
		Fee Description	
		Fee Paid	
		465.00	
		375.00	
		840.00	
		SUBTOTAL (3) (\$)	
		840.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Margaret E. Jamroz	Registration No. (Attorney/Agent)	54,196
Signature	<i>Margaret E. Jamroz</i>	Telephone	(617) 951-7785
		Date	August 11, 2003

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Dated: 8/11/03 Signature: *Janine McNamara* (Janine McNamara)

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